

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		JACOB WIKEN COMMITTEE		
Street Address		P.O. Box 42438		
City	State	Zip Code		
Pittsburgh	PA	15207		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)			Year		Amendment Report	Termination Report		
11-5-2019			2019					

Summary of Receipts and Expenditures	From Date	To Date
	7-17-19	9-3-19
A. Amount Brought Forward From Last Report	\$	0
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	120 ⁰⁰
C. Total Funds Available (Sum of Lines A and B)	\$	120 ⁰⁰
D. Total Expenditures (From Schedule III)	\$	77 ¹²
E. Ending Cash Balance (Subtract Line D from Line C)	\$	42 ⁸⁸
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0



Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

2 day of September 20 19

Signature	Commonwealth of Pennsylvania - Notary Seal JOSEPH CAFARDI - Notary Public Allegheny County	Signature of Person Submitting report DEBBY WIKEN
My Commission expires	My Commission Expires Jun 6, 2021 Commission Number 1313312	Printed Name
6 MO. 6 DAY 21 YR.	Area Code	345-1571

Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

2 day of September 20 19

Signature	Commonwealth of Pennsylvania - Notary Seal JOSEPH CAFARDI - Notary Public Allegheny County	Signature of Candidate JACOB WIKEN
My Commission expires	My Commission Expires Jun 6, 2021 Commission Number 1313312	Printed Name
6 MO. 6 DAY 21 YR.	Area Code	345-1571

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	<div style="font-family: cursive; font-size: 1.2em; color: blue;">JACOB NIXON COMMITTEE</div> <div style="float: right; font-size: 0.8em; color: blue;">(Not Rep. 1)</div>		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	20
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	100
Total for the reporting period	(2)	\$	100
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	120 ⁰⁰

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PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	JACOB NITEN COMMITTEE
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Full Name of Contributor				AMANDA MAJEWSKI		Date [MM/DD/YYYY]	8-18-19	\$	100.00
House #	Street Address		AMMAJEWski 43@gmail.c			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #	Street Address					Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #	Street Address					Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #	Street Address					Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #	Street Address					Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #	Street Address					Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #	Street Address					Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$		

100.00

Statement of Expenditures

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Filer Identification Number:	0 JACOB NITEN COMMITTEE
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To Whom Paid	CITIZEN'S BANK				Date [MM/DD/YYYY]	\$	9.22
House #	2021	Street Address	W HARTON ST.		Description of Expenditure		
City	PITTSBURGH	State	PA	Zip Code	15203	CHECKING	
To Whom Paid	CRH Committee				Date [MM/DD/YYYY]	\$	58.43
House #	4100	Street Address	DAVISIN		Description of Expenditure		
City	PITTSBURGH	State	PA	Zip Code	15201	CATERING	
To Whom Paid	ARAMARK				Date [MM/DD/YYYY]	\$	5.00
House #	100	Street Address	ART REUNY AVE		Description of Expenditure		
City	PITTSBURGH	State	PA	Zip Code	15212	FOOD	
To Whom Paid	PRUPAL				Date [MM/DD/YYYY]	\$	3.20
House #	2211	Street Address	NORTH FIRST ST.		Description of Expenditure		
City	SAN JOSE	State	CA	Zip Code	95131	SERVICE FEE	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

577.13